Kurtz

10588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro — LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Hillsboro
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Amanda Britt
4. DATE OF DEATH (Month) (Day) (Year): Nov. 11th 1949
5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: abt 1879 — 9. AGE last birthday: about 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Harvey McCaine
14. MOTHER'S MAIDEN NAME: Lizzie Beldso
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arthrio sclerotic heart disease with hypertension — probably 2 years

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1949, to Nov 11, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: Paul Dirotts M.D. (Degree or title) — ADDRESS: Denton Md — DATE SIGNED: 11/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov 13, 1949 — NAME OF CEMETERY OR CREMATORY: Sandtown — LOCATION (City, town, or county) (State): near Hillsboro Md.

DATE REC'D BY LOCAL REG.: 11/13/49 — REGISTRAR'S SIGNATURE: Mrs D. O. Jungle — 24. FUNERAL DIRECTOR: J. Virgil — ADDRESS: Moore, Denton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10589

CERTIFICATE OF DEATH

Reg. Dist. No. 64

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY CAROLINE; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FEDERALSBURG; LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 BLOOMINGDALE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FEDERALSBURG
STREET ADDRESS (If rural give location) 104 BLOOMINGDALE AVE

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) L. (Last) BURRIS

4. DATE OF DEATH: (Month) NOV. (Day) 2 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 18, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): SEAFORD DELAWARE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE PERKINPINE

14. MOTHER'S MAIDEN NAME: MARY CLIFTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: MRS. HARRY HANDY - SEAFORD, DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebro-vascular accident — hemorrhage — Interval between onset and death: 11 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 October, 1949, to 2 Nov, 1949, that I last saw the deceased alive on 1 Nov, 1949, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE John C Rawlins (Degree or title) MD ADDRESS Federalsburg, Md. DATE SIGNED 2 November 1949

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: NOV. 5, 1949 | NAME OF CEMETERY OR CREMATORY: ODD FELLOWS CEMETERY | LOCATION (City, town, or county) (State): SEAFORD, DELAWARE

DATE REC'D BY LOCAL REG.: November 3, 1949 | REGISTRAR'S SIGNATURE: J. F. Frampton

24. FUNERAL DIRECTOR: MEDFORD L. WATSON - SEAFORD, DEL. ADDRESS

1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10590

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewarts Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annies
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CECILIA (Middle) (Last) CLEMENTS

4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 29-1873
9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Queenstown Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Valentine B Clements
14. MOTHER'S MAIDEN NAME Mary L Embert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m (If year, give war or dates of service) n
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS James R Clements 63 Cherry Ave Hampton Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis.

Antecedent cause(s) (b) Hypertension.

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Secondary Anemia

INTERVAL BETWEEN ONSET AND DEATH: almost immediately

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1949, to 11-7, 1949, that I last saw the deceased alive on 11-4, 1949; and that death occurred at 4A m., from the causes and on the date stated above.

SIGNATURE Charles Herbert Winnipeg (Degree or title) MD ADDRESS Red Gate, Md. DATE SIGNED 11-8-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 10. 49
NAME OF CEMETERY OR ~~CREMATORY~~ St Peters
LOCATION (City, town, or county) (State) Queenstown Md

DATE REC'D BY LOCAL REG. Nov. 8-1949
REGISTRAR'S SIGNATURE L. Mae Pippen
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

RECEIVED
OCT 15 1949
U.S. PAT. OFF.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10591

Reg. Dist. No. 60

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro — LENGTH OF STAY (in this place): 71 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	(First) Carroll	(Middle) M.	(Last) Elloitt	4. DATE OF DEATH	(Month) 11	(Day) 15	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6/11/1878	9. AGE last birthday: 71 yrs.	If under 1 year: Months 5, Days 4	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Walter Elloitt	14. MOTHER'S MAIDEN NAME: Alice Kinnamon						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Katie Elloitt Goldsboro, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct. 31, 1949, to Nov. 15, 1949, that I last saw the deceased alive on Nov. 15, 1949, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H. Houston	M.D.	Greensboro Md	Nov. 16, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11/19/49	NAME OF CEMETERY OR CREMATORY: Greensboro	LOCATION (City, town, or county) (State): Greensboro, Md.
DATE REC'D BY LOCAL REG.: 11/16/49	REGISTRAR'S SIGNATURE: A. Clark Smith	24. FUNERAL DIRECTOR: R. B. Rawlings	ADDRESS: Greensboro, Md.

RECEIVED
DEC 2 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

10592

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 6 days; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Deaton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Philadelphia; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia; STREET ADDRESS (If rural, give location) 28 North 58th Street

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Farrington

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: September 24, 1905

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Sarah Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Viola Leighman, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Arrhythmia	Sudden
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?: —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dawson J. George (Degree or title) Dpty Medical Examiner ADDRESS Denton Md DATE SIGNED Nov. 5 1949

23. BURIAL, CREMATION REMOVAL, (Specify): Burial

DATE THEREOF: November 6, 1949

NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

LOCATION (City, town, or county) (State): Near Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: November 5, 1949

REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

VS. A15A

RECEIVED
NOV 14 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10593

CERTIFICATE OF DEATH

Reg. Dist. No. 6-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CAROLINE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYNSON; LENGTH OF STAY (in this place) 34 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND, COUNTY CAROLINE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYNSON, (FEDERALSBURG, RURAL); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) B. (Last) GEHRING

4. DATE OF DEATH: (Month) NOV. (Day) 12" (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED.

8. DATE OF BIRTH: JUNE 18, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NO INFORMATION

14. MOTHER'S MAIDEN NAME: NO INFORMATION

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS JOHN B. GEHRING, FEDERALSBURG, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Chronic interstitial Nephritis — Interval Between Onset and Death: 20 yr

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 15yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/49, 19..., to 11/12, 1949, that I last saw the deceased alive on 11/11, 1949, and that death occurred at 10-45 A. m., from the causes and on the date stated above.

SIGNATURE: Chas. R. Plummer (Degree or title) M.D. ADDRESS: Preston Maryland DATE SIGNED: 11/14/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: NOV. 15" 1949

NAME OF CEMETERY OR CREMATORY: HILL-CREST CEMETERY

LOCATION (City, town, or county) (State): FEDERALSBURG, MD.

DATE REC'D BY LOCAL REG.: 11/14/49

REGISTRAR'S SIGNATURE: Cornelia D. Plummer

24. FUNERAL DIRECTOR: S.S. FRAMPTOM & SON, FEDERALSBURG, MD.

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10594

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ELEANOR (Middle) DENNIS (Last) HARRINGTON
4. DATE OF DEATH (Month) NOV (Day) 6 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH MAR 1, 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Dennis
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Joseph Harrington, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Cancer Rectum

Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1948, to Nov 6, 1949, that I last saw the deceased alive on Nov 6, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE Paul Morris (Degree or title) M.D. ADDRESS Denton Md DATE SIGNED 11/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 9, 1949
NAME OF CEMETERY OR CREMATORY Hollywood
LOCATION (City, town, or county) (State) Harrington, Delaware

DATE REC'D BY LOCAL REG. 11/9/49
REGISTRAR'S SIGNATURE Mrs D O Jenge
24. FUNERAL DIRECTOR J. V. Moore, Denton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10595

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro — LENGTH OF STAY (in this place) 1 Hr.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hartley
HOSPITAL OR INSTITUTION OR STREET ADDRESS None	STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) W.	(Last) Harris	4. DATE OF DEATH	(Month) 11	(Day) 28	(Year) 49
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/14/1883	9. AGE last birthday 66 yrs.	If under 1 year Months 8	Days 14	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Delaware	12. CITIZEN OF WHAT COUNTRY? U.S				
13. FATHER'S NAME John Evans	14. MOTHER'S MAIDEN NAME Ada Clark						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Lydia Harris Hartley, Delaware					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema

023 Antecedent cause(s)

30e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Luetic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1948, to Nov. 28, 1949, that I last saw the deceased alive on Nov. 28, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Greenfield (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED Nov 29 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/2/49	NAME OF CEMETERY OR CREMATORY Lockwood	LOCATION (City, town, or county) (State) Lockwood, Delaware
DATE REC'D BY LOCAL REG. Nov. 29-1949	REGISTRAR'S SIGNATURE L. Mae Pippin	24. FUNERAL DIRECTOR John E. Boulais	ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 6 1949
BUREAU OF S.

10596

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH · COUNTY: Caroline · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural · LENGTH OF STAY (in this place): 16 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Preston Road	STREET ADDRESS (If rural, give location): Preston Road

3. NAME OF DECEASED (Type or Print)	(First) Peter	(Middle) J.	(Last) Hiebert	4. DATE OF DEATH	(Month) November (Day) 3 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: August 2, 1878	9. AGE last birthday: 71 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Hillsboro, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Johann Hiebert	14. MOTHER'S MAIDEN NAME: Maria Loewen				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs. Martha E. Hiebert, Federalsburg, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1949, to Nov 3, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 7:52 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Mitchell, J.	M.D.	Bridgeville, Delaware	Nov. 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: November 5, 1949	NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery	LOCATION (City, town, or county) (State): Federalsburg, Maryland
DATE REC'D BY LOCAL REG.: November 4, 1949	REGISTRAR'S SIGNATURE: J. J. Frampton	24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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RECEIVED
NOV 14 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 122 NOV 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10597

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH · COUNTY: CAROLINE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND. COUNTY: CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PRESTON, RURAL — LENGTH OF STAY (in this place): 25 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PRESTON, RURAL
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) SAMUEL	(Middle) E.	(Last) JONES	4. DATE OF DEATH	(Month) NOV.	(Day) 13"	(Year) 1949
5. SEX: MALE	6. COLOR OR RACE: COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH: APRIL 4, 1888	9. AGE last birthday: 61 ~~71~~ yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM LABORER	10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: ASBURY JONES.	14. MOTHER'S MAIDEN NAME: NO INFORMATION						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: MRS MARY WEBB. PRESTON, MD. R.F.D.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorhage	10 min
442 Antecedent cause(s)		
131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensiev Arteriosclerotic Cardio renal	
	(c) Disease	6yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Benigh prostatic hypertrophy	1yr

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): above	
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 1/30/, 1940, to 11/13, 1949, that I last saw the deceased alive on 11/10, 1949, and that death occurred at 3-57 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD.	Preston Maryland	11/14/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: NOV. 16, 1949	NAME OF CEMETERY OR CREMATORY: JONESTOWN CEMETERY	LOCATION (City, town, or county) (State): JONESTOWN, MD.
DATE REC'D BY LOCAL REG.: 11/14/49	REGISTRAR'S SIGNATURE: Cornelia D. Plummer	24. FUNERAL DIRECTOR: J.J. FRAMPTOM & SON.	ADDRESS: FEDERALSBURG, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 18 1969
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10598

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
LENGTH OF STAY (in this place): 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Harman (Last) Kimmey
4. DATE OF DEATH: (Month) Nov (Day) 21st (Year) 1949
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 21st 1901
9. AGE last birthday: 48 yrs. — If under 1 year: Months 1, Days 1 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Merchant
11. BIRTHPLACE (State or foreign country): Carroll Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William E. Kimmey
14. MOTHER'S MAIDEN NAME: Mary P. Lemmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Chas. Kimmey, Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) chronic coronary insufficiency — 6 weeks

420.1 Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Pancreas removed - due to cancer Pancreas.

19a. DATE OF OPERATION: March 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Pancreas.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1948, to Nov 21, 1949, that I last saw the deceased alive on Nov. 21, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE: B. Paul Knotts (Degree or title) MD — ADDRESS: Denton Md — DATE SIGNED: 11/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: Nov. 24th 49 — NAME OF CEMETERY OR CREMATORY: Denton Cemetery — LOCATION (City, town, or county): Denton (State): Md

DATE REC'D BY LOCAL REG.: 11/23/49 — REGISTRAR'S SIGNATURE: Wm D O George — 24. FUNERAL DIRECTOR: J. Virgil Moore & Son — ADDRESS: Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 30 1949
BUREAU V. S.

10599

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg — LENGTH OF STAY (in this place): 50 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: East Central Avenue	STREET ADDRESS (If rural, give location): East Central Avenue

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) E.	(Last) Kinder	4. DATE OF DEATH (Month) November (Day) 4 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: November 8, 1873	9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacy	10b. KIND OF BUSINESS OR INDUSTRY: Retail Drug	11. BIRTHPLACE (State or foreign country): Sussex County, Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Isaac A. Kinder		14. MOTHER'S MAIDEN NAME: Sarah L. Cannon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —	16. SOCIAL SECURITY No.: 216-05-3256	17. INFORMANT AND ADDRESS: Mrs. Anna E. Kinder, Federalsburg, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis.	3 MIN
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension with Arteriosclerosis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1949, to 11-4, 1949, that I last saw the deceased alive on 11-3, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. E. Lennon	MD	Federalsburg Md	11-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: November 7, 1949	NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery	LOCATION (City, town, or county) (State): Federalsburg, Maryland
DATE REC'D BY LOCAL REG.: November 7, 1949	REGISTRAR'S SIGNATURE: J. J. Frampton	24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10600

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) South Main Street

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) L. (Last) Payne

4. DATE OF DEATH: (Month) November (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: February 3, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Charles

14. MOTHER'S MAIDEN NAME: Mary Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mary E. Cannon, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro - vascular Hemorrhage

443

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 November 1949, to 25 November 1949, that I last saw the deceased alive on 21 November, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE: John C Rawlings (Degree or title) M.D. ADDRESS: Federalsburg Md. DATE SIGNED: 28 November 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: November 28, 1949 | NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery | LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: November 28, 1949 | REGISTRAR'S SIGNATURE: J. J. Frampton | 24. FUNERAL DIRECTOR: J. J. Frampton and Son, ADDRESS: Federalsburg, Maryland

DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10601

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Richard (Last) Sloane (Sloane)

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 23rd 1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 10 Days 30 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Denton Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Sloane

14. MOTHER'S MAIDEN NAME: Sally Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. 220-12-0898

17. INFORMANT AND ADDRESS: Mrs James Sloane Ridgely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) (b) Hypertensive Cardiovascular Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

420.1 131a

INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 3, 1949, to Nov 18, 1949, that I last saw the deceased alive on Nov 18, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Herbert Wimbrett M.D. ADDRESS Ridgely Md. DATE SIGNED 11-20-49.

23. BURIAL, CREMATION, REMOVAL (Specify) Buried; DATE Nov. 21st 49; NAME OF CEMETERY OR CREMATORY Denton Cemetery; LOCATION (City, town, or county) Denton; (State) Md.

DATE REC'D BY LOCAL REG. Nov. 21, 1949; REGISTRAR'S SIGNATURE Mary E. Laird; 24. FUNERAL DIRECTOR J. Tilghman Moore & Son; ADDRESS —

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NOV 28 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10602

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro — LENGTH OF STAY (in this place) 55 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) E (Last) TOTHEROH

4. DATE OF DEATH (Month) Nov. (Day) 20 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH May 3, 1894

9. AGE last birthday 55 yrs. If under 1 year: Months 6, Days 17; If under 24 hrs.: Hours, Mlo.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY Oil

11. BIRTHPLACE (State or foreign country) Greensboro Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Totheroh

14. MOTHER'S MAIDEN NAME Octavo Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. 217-05-3734

17. INFORMANT AND ADDRESS Alvin Totheroh Greene Mines Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1949, to Nov. 20, 1949, that I last saw the deceased alive on Nov. 20, 1949, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Vanderpool — ADDRESS Greensboro Md. — DATE SIGNED 11-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Nov. 23. 49 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. Nov 23-1949 — REGISTRAR'S SIGNATURE L. Mae Pippin

24. FUNERAL DIRECTOR Raymond B. Rawlings — ADDRESS Greensboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

B-Cert on file

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10603

FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Denton Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) Denton Road

3. NAME OF DECEASED (Type or Print) (First) Carlos (Middle) N. (Last) Turner

4. DATE OF DEATH (Month) November (Day) 4 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH January 22, 1949

9. AGE last birthday — yrs. If under 1 year: Months 9 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Federalsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ezekiel Jones

14. MOTHER'S MAIDEN NAME Phyllis L. Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Phyllis L. Adams, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
493 Immediate cause	(a) Pulmonary Congestion, Possible Pneumonia	3 days
109 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dawson T. Gough (Degree or title) Deputy Medical Examiner ADDRESS DATE SIGNED 11/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF November 6, 1949

NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. November 5, 1949

REGISTRAR'S SIGNATURE J. J. Frampton

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

M C I T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10604

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro — LENGTH OF STAY (in this place): 60 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Goldsboro
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Alcade (Middle) (Last) Urry

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/9/1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months 8 / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Urry

14. MOTHER'S MAIDEN NAME: Mary No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ada Urry Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Status Cerebral Paralysis

443 Antecedent cause(s) (b) Cerebral Hemorrhage

82 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Valvular Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Diseases of Lungs Tuberculosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to Nov. 15, 1949, that I last saw the deceased alive on Nov. 14, 1949, and that death occurred at ... a.m., from the causes and on the date stated above.

SIGNATURE: Chas H Hanesley M D — (Degree or title) — ADDRESS: Greensboro Md — DATE SIGNED: Nov 16 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/18/49 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG.: 11/16/49 — REGISTRAR'S SIGNATURE: A. Clark Smith — 24. FUNERAL DIRECTOR — ADDRESS: R. B. Rawlings Greensboro, Md.

RECEIVED
DEC 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10615

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Federalsburg; STATE MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. Seaford, Delaware; STREET ADDRESS (If rural, give location) R.F.D. #1 - Seaford P.O. - near Oak Grove

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) R (Last) Priestley

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 22 1910

9. AGE last birthday: 39 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert B. Priestley

14. MOTHER'S MAIDEN NAME: Thelma Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 218-01-0159

17. INFORMANT: Thelma Priestley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

Immediate cause (a) Uremia

600.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131 b

(b) Chronic glomerular nephritis

(c) Chronic Pyelonephritis Existed from a child.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept., 1946, to Nov. 20, 1949, that I last saw the deceased alive on Nov. 18, 1949, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE: John W. Lynch (Degree or title) M.D. ADDRESS: Seaford, Delaware DATE SIGNED: Nov. 22, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF: Nov 23 - 1949 | NAME OF CEMETERY OR CREMATORY: Hollyhock Cemetery | LOCATION (City, town, or county) (State): Seaford Del. R.D. 1

DATE REC'D BY LOCAL REG.: November 23, 1949 | REGISTRAR'S SIGNATURE: Everett Littler, Deputy | 24. FUNERAL DIRECTOR: Messersville & Mickey, Laurel Del. | ADDRESS —

VS. A15

RECEIVED
DEC 3 1949
BUREAU V. S.